



UNIVERSITY OF CENTRAL FLORIDA

STUDENT ACCESSIBILITY SERVICES

4000 Central Florida Blvd.
Ferrell Commons, 7F, Room 185
Orlando, FL 32816-0161

UCF SAS Academic Accommodation Provider Form

Qualified professionals may submit documentation on behalf of students requesting accommodations to provide SAS with additional information. This information will be used in conjunction with the student's self-report and SAS staff members' structured interview to determine reasonable accommodations on an individual basis. It is not mandated that a student present with this form to meet with SAS staff, but it can be helpful to have documentation that supports the student's primary concerns.

While third-party documentation may be sufficient to establish the presence of a disability, documentation alone does not inform whether accommodations are reasonable. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAS/UCF to approve the accommodation as being reasonable.

Student's Name:

Student's UCF ID:

Known diagnoses and date(s) diagnosed:

How long have you worked with the student?

In your professional judgment, what functional limitations (difficulty with seeing, hearing, mobility, communication, cognition, and/or self-care) does this student experience in their day-to-day life based upon their specific diagnosis and presenting symptoms?

How would you describe the impact of the diagnosis on the student's academic functioning (test taking, reading, attendance, processing information, etc.)? For example, why is more time for exams needed given the diagnosis?

Name and Credentials of Provider:

License number:

Associated Organization:

Phone number:

Signature:

Date: